



HAWAII STATE ETHICS COMMISSION  
1001 BISHOP STREET, PACIFIC TOWER 970  
P.O. BOX 616, HONOLULU, HAWAII 96809  
TEL.: 587-0460 FAX: 587-0470

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STATE OF HAWAII  
ETHICS COMMISSION

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RECEIVED

REPORT OF EXPENDITURES, CONTRIBUTIONS  
AND SUBJECT AREAS

(To be filed by organizations, employing organizations, others)

For lobbying reporting period:

- ☒ January 1 - last day of February 2005  
☐ March 1 - April 30  
☐ May 1 - December 31

Name of contact person

BARRY RAFF, CEO

Phone

589-1156 x223

Name of organization

Planned Parenthood of Hawaii

Mailing address

1350 S. King St. #309

Hon. HI 96814

PART I. TOTAL EXPENDITURES

The total sum or value of all expenditures for the purpose of lobbying during the statement period was: \$ 865.25

EXPENDITURES

Category	Total Amount	Category	Total Amount
1. Preparation & distribution of lobbying materials	10.92	7. Entertainment	-0-
2. Media advertising	-0-	8. Food & beverages	-0-
3. Telegraph, telephone, and other forms of telecommunication	141.39	9. Gifts	-0-
4. Postage	5.78	10. Loans	-0-
5. Compensation paid to lobbyists	707.16	11. Other disbursements	
6. Fees (other than to lobbyists)	-0-	TOTAL EXPENDITURES	865.25

COMPENSATION PAID TO LOBBYISTS

List in this section the names of all lobbyists and compensation paid to the lobbyists during the statement period.

Name	Address	Compensation paid
Annette Amaral	1350 S. King St. #309	707.16

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## EXPENDITURES OF \$25 OR MORE PER PERSON PER DAY

List in this section all expenditures incurred for the purpose of lobbying of \$25 or more per person per day during the statement period.

☐ This section is not applicable

☐ Expenditures incurred in the total sum of \$25 or more per person per day were made for the following persons:

Name & Address	Amount or value

## AGGREGATE EXPENDITURES OF \$150 OR MORE PER PERSON

List in this section all expenditures incurred for the purpose of lobbying in the total sum of \$150 or more per person during the statement period.

☐ This section is not applicable

☒ Expenditures incurred in the aggregate of \$150 or more per person were made for the following persons:

Name & Address	Amount or value
Annette Amaral 1350 S. King St #309	\$707.46

## PART II. CONTRIBUTIONS RECEIVED

List in this section all contributions received for the purpose of lobbying in the total sum of \$25 or more per person during the statement period.

☐ This section is not applicable

☐ Contributions in the total sum of \$25 or more per person were received from the following persons:

Name & Address	Amount or value
	0

## PART III. SUBJECT AREAS OF LOBBYING

Legislative and/or administrative action in the following areas was supported or opposed during the statement period:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Agriculture                               | <input type="checkbox"/> Education                       | <input type="checkbox"/> Human Services                                     | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities         | <input type="checkbox"/> Government Operations & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation                       |
| <input type="checkbox"/> Consumer Protection & Commerce            | <input type="checkbox"/> Hawaiian Affairs                | <input type="checkbox"/> Labor & Employment                                 | <input type="checkbox"/> Transportation                             |
| <input type="checkbox"/> Culture, Arts, Historic Preservation      | <input checked="" type="checkbox"/> Health               | <input type="checkbox"/> Planning, Land & Water Use Management              | <input type="checkbox"/> Other: (indicate below)                    |
| <input type="checkbox"/> Ecology, Energy, Environmental Protection | <input type="checkbox"/> Housing                         | <input type="checkbox"/> Public Safety & Corrections                        |   |

I hereby certify that the statements made above are correct and complete to the best of my knowledge

(Signature of authorized person)

(Date)

Name of authorized person (type or print)

Title of authorized person

BARRY RAFF  
Chief Exec. Officer